

**COUNTY OF SAN DIEGO  
PC 1000 PRETRIAL DIVERSION PROGRAM  
PARTICIPANT STATUS REPORT**

Participant Name: \_\_\_\_\_ Referring Agency: \_\_\_\_\_  
Court Case Number: \_\_\_\_\_ Original Court Date: \_\_\_\_\_  
Court/Judge: \_\_\_\_\_ Referral/Assign Date: \_\_\_\_\_  
Offense(s): \_\_\_\_\_  
Provider (Check):  MITE East RRC  MITE South RRC  MITE North Coastal RRC  
 Vista Hill Bridges RRC  ECS Central RRC  MITE North Inland RRC

**Enrollment Verification and Report Requirements**

<input type="checkbox"/> <b>EDUCATION TRACK</b>	<b>Date of Enrollment:</b> _____
<u>EDUCATION STATUS REPORTS DUE: 1-month &amp; 3-month</u>	
<b>PC 1000 Education:</b> <input type="checkbox"/> 1-Month Satisfactory Participation <input type="checkbox"/> 3-Month Satisfactory Participation <input type="checkbox"/> Program Change (comment below)	
COMMENTS: _____ _____	

<input type="checkbox"/> <b>TREATMENT TRACK</b>	<b>Date of Enrollment:</b> _____
<u>TREATMENT STATUS REPORTS DUE: 1-month &amp; 12-month</u>	
<b>PC 1000 Treatment:</b> <input type="checkbox"/> 1-Month Satisfactory Participation <input type="checkbox"/> 12-Month Satisfactory Participation <input type="checkbox"/> Program Change/Referral (comment below)	
COMMENTS: _____ _____	

<b>Unsatisfactory Reporting [Send within two (2) business days]</b>	
The individual/case named above was REFERRED TO COURT on _____ for the following reason:	
<input type="checkbox"/> Did not Enroll <input type="checkbox"/> Did not Reinstate <input type="checkbox"/> Unsatisfactory participation	
COMMENTS: _____ _____	

Program Contact Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: 1. **Unsatisfactory participation reports or change of program** should be sent to Court within two (2) business days.  
2. **Programs** should submit 1- & 3-month reports to Court. **Clients are responsible** for submitting 12-month reports to Court.